074A-007

CERTIFICATION OF ELEVATION

DATE: September 5, 1989

ADDRESS OF PROPERTY Lot 7, Red Bluff Subdivision

Camden County, Georgia

_____

FLOOD ZONE   AE /X/   V /_/   OTHER_____

Required lowest finished floor elevation__12.00__ MSL
    (If V Zone, required elevation of the bottom of
    the lowest horizontal structural member)

Actual lowest floor elevation____14.21_____ MSL

The undersigned hereby certifies to the above information.

_____
Park D. Privett, Jr.
PRIVETT & ASSOCIATES, INC.

_____

STATE OF__Georgia_____

REGISTRATION NO. 2218_____

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FLOODPLAIN DEVELOPMENT/SPECIAL USE PERMIT

Date: 6-22-89   Permit# 1462
                                                 FIRM # 13 0356 0125 C
Location of Property: Lot 7 Red Bluff
Applicant: Drury Const.
     Box 1385 Kingsland   ( ) 729-3749
          Address   Phone

Type of Development:_____ Excavation:_____ Fill:___ Grading:_____ Buildings
or other structures:___✓___ Other alterations(Specify):_____
Size of Development: LOT
Location in Floodplain: a._____In Velocity Zone
                         b.__✓___In Numbered A Zone
                         c._____In Unnumbered A Zone

Development Standards Data(Ref: Ordinance#_____):

   1. If a. above is checked, attach engineering certification
       and supporting data as required.
   2. Required lowest floor elevation 12.0 MSL(NGVD).
   3. Proposed lowest floor elevation_____MSL(NGVD).
       Attach surveyed certification as required.
   4. Flood-proofing information(if Applicable):
       a. Required flood-proofed elevation_____MSL(NGVD)
       b. Actual(as built)flood-proofed elevation_____MSL(NGVD).
           Attach engineering certification and supporting data as required.

Applicant acknowledgement: I understand that the issuance of this permit is
contingent upon the above information being correct and that the plans and
supporting data have been or shall be provided as required. I agree to
comply with all applicable provisions of Ordinance#_____and all other
laws or ordinances affecting the proposed development.

          Applicant(Signature) James A Drury   Date 6/22/89
Has the correct fee been paid? (✓) Yes ( ) No Amount$ 5.00
Date of Issuance Tish Watson By 6-22-89

Department Use only: Inspection #_____ By_____
                           Inspection #_____ By_____
                           Inspection #_____ By_____
                           Inspection #_____ By_____